



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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January 28, 2010

Tom Whittemore, Administrator
Communicare#1 (Gem)
40 West Franklin Road Suite F
Meridian, Idaho 83642

RE: Communicare #1 (Gem), Provider # 13G008

Dear Mr. Whittemore:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Communicare#1 (Gem), on January 21, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

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5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 10, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

Handwritten signature of Eric Mundell in black ink.

ERIC MUNDELL, REHS
Health Facility Surveyor
Facility Fire Safety and Construction Program

EM/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES


Printed: 01/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #1 (GEM)		STREET ADDRESS, CITY, STATE, ZIP CODE 32 N GEM STREET NAMPA, ID 83651		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a one story, Type V(000) structure. Residents sleep on the first story (i.e., ground level). The facility is fully sprinklered and is licensed for 8 beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted under 42 CFR 483.470.</p> <p>The following deficiency was cited:</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000	<p>RECEIVED</p> <p>FEB 16 2010</p> <p>FACILITY STANDARDS</p>	
K0150	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>This Standard is not met as evidenced by: Based on observation and staff interview, it was determined the facility had not ensured to provide treated curtains for one of six rooms sampled. The census was eight. The findings include:</p> <p>Observation on January 20, 2010 at 11: 10 a.m. disclosed that the facility had purchased and</p>	K0150	<p>K0150</p> <p>Please refer to MM309</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Administrator 2-11-2010

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0150	<p>Continued From page 1</p> <p>installed new "insulated" curtains for the sleeping room located in the former garage. Staff interviewed at the time of the observation stated the curtains had been recently purchased by the facility and that, although it had been requested to be done by other staff, there was no means to show through documentation that the curtains had been chemically treated to be flame resistant.</p> <p>Actual NFPA reference chapter 101 Life Safety Code:</p> <p>10.3 CONTENTS AND FURNISHINGS</p> <p>10.3.6</p> <p>Fire-retardant coatings shall be maintained to retain the effectiveness of the treatment under service conditions encountered in actual use.</p> <p>33.7.5* Furnishings, Bedding, and Decorations.</p> <p>33.7.5.1</p> <p>New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities shall be in accordance with the provisions of 10.3.1.</p> <p>A.33.7.5</p> <p>The requirements applicable to draperies/curtains, upholstered furniture, and mattresses apply only to new draperies/curtains, new upholstered furniture, and new mattresses. The word new means unused, normally via procurement from the marketplace, either by purchase or donation, of items not previously used. Many board and care facilities allow residents to bring into the board and care home upholstered furniture items from the resident's previous residence. Such an item is not new and, thus, is not regulated. On the other hand, some of the larger board and care homes purchase contract furniture, as is done in hotels. Such new,</p>	K0150			

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K0150	Continued From page 2 unused furniture, whether purchased or received as a donation, is regulated by the requirements of 33.7.5.2. By federal law, mattresses manufactured and sold within the United States must pass testing per FF4-72, Standard for the Flammability of Mattresses.	K0150			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2010
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M 000	16.03.11 Initial Comments The facility is a one story, Type V(000) structure. Residents sleep on the first story (i.e., ground level). The facility is fully sprinklered and is licensed for 8 beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted under IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The following deficiency was cited: The surveyor conducting the survey was: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	M 000	<p>RECEIVED</p> <p>FEB 16 2010</p> <p>FACILITY STANDARDS</p> <p>MM309</p> <p>It is our policy to maintain all window coverings at flame resistant status. The new curtains in the front bed room were treated with a flame retardant spray (Per manufacturer instructions) on February 9, 2010. The process was noted, in keeping with our policy, on the Monthly Maintenance Checklist for February. The Lead Worker was also reminded that the treatment must be re-applied each time the curtains are laundered and the process re-documented on the Monthly Check list.</p> <p>The AQ & Lead Worker will complete treatments as necessary and document them and the Administrator will review the monthly check lists each month for completeness.</p>	2/10/2010
MM309	16.03.11.110 Fire and Life Safety Standards Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to CMS federal form 2567 and K tag K150.	MM309		

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TITLE

(X6) DATE



Administrator

2-11-2010